2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008
Secretary of State

DOCUMENT# P06000114229

Entity Name: ADVANTAGE DELIVERY SYSTEMS, INC.

Current Principal Place of Business:

5111 S. RIDGEWOOD AVE.
SUITE 201
PORT ORANGE, FL 32127

New Principal Place of Business:

4665 GOLDEN APPLES TRL.
PORT ORANGE, FL 32129

Current Mailing Address:

P.O. BOX 291975
PORT ORANGE, FL 32129

New Mailing Address:

FEI Number: 20-5700810 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LIVINGSTON, EDWARD M
963 TRAIL TERRACE DR.
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: KOLODZIK, MATTHEW W
Address: 4665 GOLDEN APPLES TRL.
City-St-Zip: PORT ORANGE, FL 32129

Title: VP (X) Delete
Name: KOLODZIK, RONALD W
Address: 2535 GLENCOE FARMS RD.
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: VP ( ) Delete
Name: COX, JULIE B
Address: 101 LAGOON VIEW CROSSING
City-St-Zip: SAVANNAH, GA 31410

Title: ST (X) Delete
Name: KOLODZIK, LINDA J
Address: 2535 GLENCOE FARMS RD.
City-St-Zip: NEW SMYRNA BEACH, FL 32168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change ( ) Addition
Name: COX, JULIE B
Address: 101 LAGOON VIEW CROSSING
City-St-Zip: SAVANNAH, GA 31410

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MATTHEW W. KOLODZIK P 03/28/2008

Electronic Signature of Signing Officer or Director — Date